

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RMH	17091648	11/22/00
RESPONSE FORMALITY REVIEW			1-10-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
+ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5/19/00
2	✓	✓	5/19/00
3	✓	✓	5/19/00
4	✓	✓	5/19/00
5	✓	✓	5/19/00
6	✓	✓	5/19/00
7	✓	✓	5/19/00
8	✓	✓	5/19/00
9	✓	✓	5/19/00
10	✓	✓	5/19/00
11	✓	✓	5/19/00
12	✓	✓	5/19/00
13	✓	✓	5/19/00
14	✓	✓	5/19/00
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33	✓	✓	5/19/00
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47	✓	✓	5/19/00
48	✓	✓	5/19/00
49	✓	✓	5/19/00
50	✓	✓	5/19/00

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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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